

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <i>89XXXXXX</i>	FILING DATE			
						APPLICANT(S)				
						CLAIMS				
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	-						51	-		
2	-						52	-		
3	-						53	-		
4	-						54	-		
5	-						55	-		
6	-						56	-		
7	-						57	-		
8	-						58	-		
9	-						59	-		
10	-						60	-		
11	-						61	-		
12	-						62	-		
13	-						63	-		
14	-						64	-		
15	-						65	-		
16	-						66	-		
17	-						67			
18	-						68			
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40	-						90			
41	-						91			
42	-						92			
43	-						93			
44	-						94			
45	-						95			
46	-						96			
47	-						97			
48	-						98			
49	-						99			
50	-						100			
TOTAL IND.	<i>a</i>						TOTAL IND.			
TOTAL DEP.	<i>59</i>						TOTAL DEP.			
TOTAL CLAIMS	<i>100</i>						TOTAL CLAIMS			